

JUL 21 1989



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
RCRA ACTIVITIES  
P.O. BOX A3587  
CHICAGO, ILLINOIS 60690

DAN MOODY OPTG. MGR  
SEALED POWER DIV SANFORD ST. PLT  
2001 SANFORD ST  
MUSKEGON MI 49443

RE: EPA ID #: MID980499735

In response to your request of MAY 1989 the following information  
has been updated:

NAME INSTL, MAIL ADR,  
CONTACT PERSON: PER ABOVE  
OWNER: SEALED POWER TECH LP  
WASTE CODES: PER NOTIF.

If you have questions, please contact Sharon Kiddon at (312)886-6173.

Sincerely,

A handwritten signature in dark ink, appearing to read "Arthur S. Kawatachi".

Arthur S. Kawatachi  
Information Section  
RCRA Program Management Branch

cc: State Agency  
File



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•	<del>MI270010580</del>	REACKNOWLEDGEMENT
SEALED POWER CORPORATION 100 TERRACE PLAZA MUSKEGON MI 49443		
2001 SANFORD ST MUSKEGON MI 49444		

INSTALLATION ADDRESS



United States Environmental Protection Agency  
Washington, DC 20460

## Notification of Hazardous Waste Activity

Please refer to the instructions for  
Filing Notification before completing  
this form. The information requested  
here is required by law (Section  
3010 of the Resource Conservation  
and Recovery Act).

## For Official Use Only

## Comments

C

C

Installation's EPA ID Number

Approved

Date Received  
(yr. mo. day)

C

T/A C

F

1

## I. Name of Installation

S E A L E D P O W E R D I V S A N F O R D S T

## II. Installation Mailing Address

Street or P.O. Box

C

3

2 0 0 1 S A N F O R D S T R E E T

City or Town

State

ZIP Code

C

4

M U S K E G O N

M I

4 9 4 4 3

## III. Location of Installation

Street or Route Number

C

5

S A M E

City or Town

State

ZIP Code

C

6

S A M E

## IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C

2

D A N M O O D Y O P T G M G R

6 1 6 7 2 4 5 3 2 5

## V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C

R

S E A L E D P O W E R T E C H L P

P

## VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

## B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel  
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel  
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)  
Who First Claims the Oil Meets the Specification

## VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

## VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

## IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

M I D 9 8 0 4 9 9 7 3 5

ID - For Official Use Only												
C											T/A	C
W												1

## X. Description of Hazardous Wastes (continued from front)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 2					
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

☐ 1. Ignitable  
(D001)

☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)

## XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

*Curtis T. Atkisson, Jr.*

Name and Official Title (type or print)

Curtis T. Atkisson, Jr.  
Chief Executive Officer

Date Signed



U.S. ENVIRONMENT PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

000028 AUG 58 80

PART A WITHDRAWAL APPROVED -  
TSD DELETED

## FOR OFFICIAL USE ONLY

## COMMENTS

C MID980499735

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

F MIT270010580

A

800808

I. NAME OF INSTALLATION

SEALED POWER CORPORATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 100 TERRACE PLAZA

CITY OR TOWN

4 MUSKEGON

ST.

ZIP CODE

MI 49443

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 2001 SANFORD STREET

CITY OR TOWN

6 MUSKEGON HEIGHTS

ST.

ZIP CODE

MI 49444

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

2 GIRVAN DAN ENVIRONMENTAL ENGR

616-724-5235

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 SEALED POWER CORPORATION

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)F = FEDERAL  
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

MIT270010580

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



S WMT 2700105800 1  
 1 2 13 14 15

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 2 2 6 23 - 26	32 U 2 2 8 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

 J. R. Larkin  
 Director of Corporate Plant Engineering

DATE SIGNED

8/4/80







# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 2 2 6	32 U 2 2 8	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

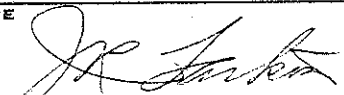
☒ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) J. R. Larkin Director of Corporate Plant Engineering	DATE SIGNED 8/4/80
--	--	-----------------------

# SEALED POWER

July 3, 1984

Mr. Karl Klepitsch, Jr.  
Chief, Waste Management Branch  
U. S. Environmental Protection Agency Region V  
111 West Jackson Blvd.  
Chicago, IL 60604

Dear Mr. Klepitsch:

Re: June 1, 1984, Amendment to Part "A"  
Form for Facility #MID006024129 MID980499735 G, PA-H

In our amended Part "A" which was submitted on June 1, 1984, we inadvertently included the wrong information on Page 1 and Page 3. In both cases, the process code which is shown as T01 should be S02.

I hope that this letter will be sufficient documentation of this change and that it will not be necessary for us to resubmit this amendment.

If this does cause a problem, please call me.

Sincerely,

*Daniel T. Girvan*

Daniel T. Girvan, P.E.  
Environmental and Energy  
Manager

0718/mtm



**SEALED POWER**

June 1, 1984

RECEIVED  
JUN 05 1984

WASTE MANAGEMENT  
BRANCH

Mr. Karl Klepitsch, Jr.  
Chief, Waste Management Branch  
U. S. Environmental Protection Agency Region V  
111 West Jackson Blvd.  
Chicago, IL 60604

MID 980 499735 G, PA-H

Dear Mr. Klepitsch:

Attached is an amended Part "A" hazardous waste permit application for our facility located at 2001 Sanford Street, Muskegon, Michigan. This application is being resubmitted as the result of discussions with the Michigan Department of Natural Resources in which they expressed a concern that a part of our activity should be permitted as a storage facility.

In August of 1980, our original application was submitted while we were conducting pilot operations to recover trichloroethylene from F001 still bottoms which were being generated at this plant. As it became apparent that this process was, in fact, a continuation of our solvent degreasing, a request was submitted to withdraw the application and to retain our status as a hazardous waste generator. As time has passed, the concept of minimizing our solvent waste has proven to be a wise decision, and our other plants have sought to be included. Since these solvents are being handled within our own plants and in many cases on our trucks, it has been our position that it is an in-process material and not a waste. This is a position that is strongly supported both by the inherent value of the solvent and by the intent of the U. S. E. P. A. as expressed in Part V of the preamble to the April 4, 1983, proposed changes to 40 CFR.

Although we feel that we have been operating in compliance with the intent of the RCRA Act and Rules, we need to insure absolute compliance and, hence, we wish to ask your office to proceed with the processing of

RECEIVED

JUN 06 1984

WMD-KAIU  
EPA, REGION V



Mr. Karl Klepitsch, Jr.  
June 1, 1984  
Page 2

our amended Part A. It is our intent to comply with the applicable sections of the interim status rules while you are reviewing our application. If you have any questions, I would be pleased to address them.

Sincerely,

SEALED POWER CORPORATION

A handwritten signature in cursive script that reads "Daniel T. Girvan".

Daniel T. Girvan  
Environmental and Energy  
Manager

0661/mtm

Attachments



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

JUN 14 1983

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

J. F. Kolbe, Group Vice President  
Sealed Power Corporation  
100 Terrace Plaza  
Muskegon, Michigan 49443

RE: Withdrawal of Part A (Protective Filing)  
FACILITY NAME: Sealed Power Corporation  
USEPA ID NO.: MIT 270 101 580

Dear Mr. Kolbe:

This is to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of November 2, 1982, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility has not, since November 19, 1980, treated, stored, or disposed of hazardous waste, and this permit application was a protective filing. It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you must still comply with all applicable State and local requirements.

You will retain your USEPA Identification number if you notified as a generator or transporter of a hazardous waste.

Please contact the Technical, Permits and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Withdrawal of Part A (Protective Filing)," in all telephone contacts and correspondence on this matter.

Sincerely yours,

A handwritten signature in cursive script, reading "Karl J. Klepitsch, Jr.", is written over the typed name.

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

cc: Daniel T. Girvan, Environmental Engineer  
N. F. Kruse, Vice President  
MDNR



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

*file*  
REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

DEC 9 1982

GIRVAN DAN ENVIR ENG  
SEALED POWER CORPORATION  
100 TERRACE PLAZA  
MUSKEGON MI 49443  
FACILITY: 2001 SANFORD ST  
LOCATION: MUSKEGON MI 49444  
ID NO.: MIT270010580

Dear Applicant:

RE: U.S. EPA Identification Number Change

This is to inform you that the United States Environmental Protection Agency (U.S. EPA) will be changing your temporary (T) identification number to a permanent (D) one. The label below shows your current temporary number as "OLD T NO." and the new permanent number as "NEW D NO."

OLD I.D. NO.: MIT270010580

NEW I.D. NO.: MID980499735

In order to provide your facility with adequate time to convert to the permanent U.S. EPA identification number, we will make the change in our computer system effective January 1, 1983. This will allow you to use your temporary identification number until the end of the calendar year and, thus, cover all 1982 hazardous waste handled under one number for your annual report.

We have coordinated the identification number change with your State hazardous waste management office. The State has a listing of your old and new numbers.

Please contact Mr. Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions regarding this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

cc: Facility owner





UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V

111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

04 NOV 1982

Mr. Daniel T. Girvan, Environmental Engineer  
Sealed Power Corporation  
100 Terrace Plaza  
Muskegon, Michigan 49443

RE: Permit Application Withdrawal Letter  
FACILITY: Sealed Power Corporation  
USEPA ID NO.: MIT 270 101 580

Dear Mr. Girvan:

This is to acknowledge receipt of your letter of August 31, 1981 requesting the withdrawal of your Part A Hazardous Waste Permit Application. Your request was not signed and certified by an authorized person, in accordance with 40 CFR Part 122.6 (enclosed). Please resubmit your request with the correct signature and certification, so that your withdrawal can be processed. Your request must contain a detailed explanation why the application should be withdrawn. Also, if at any time, since November 19, 1980, your operation included treatment, storage, or disposal of hazardous waste subject to 40 CFR Part 265, a closure plan must be filed with the withdrawal request. Requirements for closure are found in 40 CFR Part 265 Subpart G (enclosed).

Please feel free to contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Permit Application Withdrawal Letter," in all correspondence on this matter.

Sincerely yours,



Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosures

cc: N.F. Kruse, Vice President



PLEASE NOTE

We have a new mailing address for all Region V RCRA activities.

RCRA ACTIVITIES  
Region V  
P.O. Box A3587  
Chicago, Illinois 60690-3587

The following RCRA activities should be submitted to the address above:

- a. Inquiries on ID numbers;
- b. Notification of Hazardous Waste Activity (EPA Form 8700-12);
- c. Part A of the RCRA treatment, storage, and/or disposal (TSD) facility permit application, Form 1 (EPA Form 3510-1) and Form 3 (EPA Form 3510-3);
- d. Part B of the RCRA TSD facility permit application;
- e. Manifest reports (exception, discrepancy and unmanifested waste);
- f. Financial responsibility documents; and
- g. Annual reports.

You can get information and answers to specific questions relating to Interim Status Standards and the Federal hazardous waste management program in your State by calling (312) 353-2197 and asking for RCRA hazardous waste regulations assistance. Region V has numerous technical staff who are available to help industry comply with the hazardous waste regulations under RCRA. Trained professionals provide accurate, up-to-date general information on the regulations and also answer questions regarding specific problems.

## 40 CFR Part 122.6

### § 122.6 Signatories to permit applications and reports.

(Applicable to State programs, see § 123.7.)

(a) *Applications.* All permit applications, except those submitted for Class II wells under the UIC program (see paragraph (b) of this section), shall be signed as follows:

(1) *For a corporation:* by a principal executive officer of at least the level of vice-president;

(2) *For a partnership or sole proprietorship:* by a general partner or the proprietor, respectively; or

(3) *For a municipality, State, Federal, or other public agency:* by either a principal executive officer or ranking elected official.

(b) *Reports.* All reports required by permits, other information requested by the Director, and all permit applications submitted for Class II wells under § 122.38 for the UIC program shall be signed by a person described in paragraph (a) of this section, or by a duly authorized representative of that person. A person is a duly authorized representative only if:

(1) The authorization is made in writing by a person described in paragraph (a) of this section;

(2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, operator of a well or a well field, superintendent, or position of equivalent responsibility. (A duly authorized representative may thus be either a named individual or any individual occupying a named position.); and

(3) The written authorization is submitted to the Director.

(c) *Changes to authorization.* If an authorization under paragraph (b) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of paragraph (b) of this section must be submitted to the Director prior to or together with any reports, information, or applications to be signed by an authorized representative.

(d) *Certification.* Any person signing a document under paragraph (a) or (b) of this section shall make the following certification:

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."



## Subpart G—Closure and Post-Closure

SOURCE: 46 FR 2875, Jan. 12, 1981, unless otherwise noted.

EFFECTIVE DATE NOTE: Subpart G was revised at 46 FR 2875, Jan. 12, 1981, effective July 13, 1981. For the convenience of the user, the superseded text follows this new Subpart G.

### § 265.110 Applicability.

Except as § 265.1 provides otherwise:

(a) Sections 265.111-265.115 (which concern closure) apply to the owners and operators of all hazardous waste management facilities; and

(b) Sections 265.117-265.120 (which concern post-closure care) apply to the owners and operators of all hazardous waste disposal facilities.

### § 265.111 Closure performance standard.

The owner or operator must close his facility in a manner that:

(a) Minimizes the need for further maintenance, and

(b) Controls, minimizes or eliminates, to the extent necessary to protect human health and the environment, post-closure escape of hazardous waste, hazardous waste constituents, leachate, contaminated rainfall, or waste decomposition products to the ground or surface waters or to the atmosphere.

### § 265.112 Closure plan; amendment of plan.

(a) By May 19, 1981, the owner or operator must have a written closure plan. He must keep a copy of the closure plan and all revisions to the plan at the facility until closure is completed, and certified in accordance with § 265.115. This plan must identify the steps necessary to completely or partially close the facility at any point during its intended operating life and to completely close the facility at the end of its intended operating life. The closure plan must include, at least:

(1) A description of how and when the facility will be partially closed, if applicable, and finally closed. The description must identify the maximum extent of the operation which will be unclosed during the life of the facility, and how the requirements of §§ 265.111, 265.113, 265.114, and 265.115 and the applicable closure requirements of §§ 265.197, 265.228, 265.280, 265.310, 265.351, 265.381, and 265.404 will be met;

(2) An estimate of the maximum inventory of wastes in storage and in treatment at any time during the life of the facility;

(3) A description of the steps needed to decontaminate facility equipment during closure; and

(4) An estimate of the expected year of closure and a schedule for final closure. The schedule must include, at a minimum, the total time required to close the facility and the time required for intervening closure activities which will allow tracking of the progress of closure. (For example, in the case of a landfill, estimates of the time required to treat and dispose of all waste inventory and of the time required to place a final cover must be included.)

(b) The owner or operator may amend his closure plan at any time during the active life of the facility. (The active life of the facility is that period during which wastes are periodically received.) The owner or operator must amend the plan whenever changes in operating plans or facility design affect the closure plan, or whenever there is a change in the expected year of closure of the facility. The plan must be amended within 60 days of the changes.

(c) The owner or operator must submit his closure plan to the Regional Administrator at least 180 days before the date he expects to begin closure. The owner or operator must submit his closure plan to the Regional Administrator no later than 15 days after:

(1) termination of interim status (except when a permit is issued to the facility simultaneously with termination of interim status; or

(2) issuance of a judicial decree or compliance order under Section 3008 of RCRA to cease receiving wastes or close.

[Comment: The date when closure commences should be within 30 days after the date on which the owner or operator expects to receive the final volume of wastes.]

(d) The Regional Administrator will provide the owner or operator and the public, through a newspaper notice, the opportunity to submit written comments on the plan and request modifications of the plan within 30 days of the date of the notice. He will also, in response to a request or at his own discretion, hold a public hearing whenever such a hearing might clarify one or more issues concerning a closure plan. The Regional Administrator will give public notice of the hearing at least 30 days before it occurs.

(Public notice of the hearing may be given at the same time as notice of the opportunity for the public to submit written comments, and the two notices may be combined.) The Regional Administrator will approve, modify, or disapprove the plan within 90 days of its receipt. If the Regional Administrator does not approve the plan, the owner or operator must modify the plan or submit a new plan for approval within 30 days. The Regional Administrator will approve or modify this plan in writing within 60 days. If the Regional Administrator modifies the plan, this modified plan becomes the approved closure plan. The Regional Administrator's decision must assure that the approved closure plan is consistent with §§ 265.111, 265.113, 265.114, and 265.115 and the applicable requirements of §§ 265.197, 265.228, 265.280, 265.310, 265.351, 265.381 and 265.404. A copy of this modified plan must be mailed to the owner or operator. If the owner or operator plans to begin closure before November 19, 1981 he must submit the closure plan by May 19, 1981.

**§ 265.113 Closure; time allowed for closure:**

(a) Within 90 days after receiving the final volume of hazardous wastes, or 90 days after approval of the closure plan, if that is later, the owner or operator must treat, remove from the site, or dispose of on-site all hazardous wastes in accordance with the approved closure plan. The Regional Administrator may approve a longer period using the procedures under § 265.112(d) if the owner or operator demonstrates that:

(1)(i) The activities required to comply with this paragraph will, of necessity, take him longer than 90 days to complete; or

(ii)(A) The facility has the capacity to receive additional wastes;

(B) There is a reasonable likelihood that a person other than the owner or operator will recommence operation of the site; and

(C) Closure of the facility would be incompatible with continued operation of the site; and

(2) He has taken and will continue to take all steps to prevent threats to human health and the environment.

(b) The owner or operator must complete closure activities in accordance with the approved closure plan and within 180 days after receiving the final volume of wastes or 180 days after approval of the closure plan, if that is later. The Regional Administrator may approve a longer closure period using the procedures under § 265.112(c) if the owner or operator demonstrates that:

(1)(i) The closure activities will, of necessity, take him longer than 180 days to complete; or

(ii)(A) The facility has the capacity to receive additional waste;

(B) There is a reasonable likelihood that a person other than the owner or operator will recommence operation of the site;

(C) Closure of the facility would be incompatible with continued operation of the site; and

(2) He has taken and will continue to take all steps to prevent threats to human health and the environment from the unclosed but inactive facility.

[Comment: Under paragraphs (a)(1)(ii) and (b)(1)(ii), of this Section, if operation of the facility is recommenced, the Regional Administrator may defer completion of closure activities until the new operation is terminated]

**§ 265.114 Disposal or decontamination of equipment.**

When closure is completed, all facility equipment and structures must have been properly disposed of, or decontaminated by removing all hazardous waste and residues.

**§ 265.115 Certification of closure.**

When closure is completed, the owner or operator must submit to the Regional Administrator certification both by the owner or operator and by an independent registered professional engineer that the facility has been closed in accordance with the specifications in the approved closure plan.

**SEALED POWER**

November 2, 1982

Mr. Karl Klepitsch, Jr.  
Chief, Waste Management Branch  
U. S. E.P.A. Region V  
111 West Jackson Blvd.  
Chicago, IL 60604

RECEIVED

NOV 12 1982

WASTE MANAGEMENT BRANCH  
EPA, REGION V

Dear Mr. Klepitsch:

Re: Interim Status Compliance for Hazardous Waste  
Facilities

During August of 1980, Part A (Hazardous Waste Facility Application) was submitted for five Sealed Power Corporation manufacturing facilities. At that time, the regulations being adopted by the E.P.A. seemed to indicate that each of these plants may ultimately be regulated as a hazardous waste treatment facility. Since this possibility did exist and since the penalty for not filing a Part A by the required date could have been curtailment of our manufacturing operations, we felt that it was good insurance to submit these Part A's. Later we could determine their true applicability as the additional rules were put in place and as the way in which those rules would be interpreted became clearer.

Since that date, we have monitored the continuing application of the RCRA rules and have closely studied how these rules affect our manufacturing facilities. It is now our opinion that none of these five facilities is, in fact, a hazardous waste treatment, storage, or disposal facility, and we request that they be removed from the system. Each of these facilities along with the rest of our manufacturing plants will continue to be involved with the RCRA rules as hazardous waste generators, and we feel they will be adequately regulated as such. In addition to RCRA rules, each of these facilities operates under and is regulated by NPDES programs, air quality permits, industrial pretreatment standards, State, County, and City discharge ordinances, and Michigan Act 64 Rules. These facilities are not now, nor have they in the past, conducted hazardous waste disposal, treatment, or storage activities, and consequently we feel that a closure plan as described in 40 CFR Part 265 is not required.

RECEIVED  
11/15/82

Mr. Karl Klepitsch, Jr.  
November 2, 1982  
Page 2

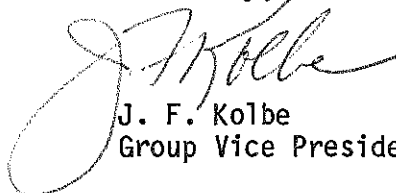
By this letter, we wish to cancel the Part A applications for the five facilities listed below:

<u>Plant</u>	<u>I. D. #</u>	
Sanford Street	MIT270010580 (MID006024129)	<i>not on P.O.</i>
Hy-Lift #1	MID060174125	<i>C, PA, I</i>
Harvey Street	MID043682327	<i>C, TSD, PA, I</i>
Dowagiac	MID078920121	<i>C, PA, I</i>
St. Johns	MID005515614	<i>C, TSD, PA</i>

If any additional information is required, please contact Mr. Dan Girvan at 616/724-5235.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of imprisonment.

Sincerely,

  
J. F. Kolbe  
Group Vice President

mtm



# SEALED POWER

August 31, 1981

Director  
Region V EPA  
P. O. Box 7861  
Chicago, IL 60680

Dear Sir:

Re: Interim Status Compliance for Hazardous Waste  
Facilities

During August of 1980, Part A (Hazardous Waste Facility Applications) were submitted for five Sealed Power manufacturing facilities. At that time, the regulations being adopted by the EPA seemed to indicate that each of these plants may ultimately be regulated as a hazardous waste treatment facility. Since this possibility did exist and since the penalty for not filing a Part A by the required date could have been curtailment of our manufacturing operations, we felt that it was good insurance to submit these Part A's. Later we could determine their true applicability as the additional rules were put in place and as the way in which the rules would be interpreted became more clear.

Since that date, we have monitored the continuing application of the RCRA rules and have closely studied how these rules affect our manufacturing facilities. It is now our opinion that none of these five facilities is, in fact, a hazardous waste treatment, storage, or disposal facility, and we request that they be removed from the system. Each of these facilities along with the rest of our manufacturing plants will continue to be involved with the RCRA rules as hazardous waste generators, and we feel they will be adequately regulated as such. In addition to RCRA rules, each of these facilities operates under and is regulated by NPDES programs, air quality permits, industrial pretreatment standards, State, County, and City discharge ordinances, and Michigan Act 64 Rules.

By this letter we wish to cancel the Part A applications for the five facilities listed below:

<u>Plant</u>	<u>I.D. #</u>
g, PA Sanford Street	MIT270010580 <sup>ok</sup> (MID006024129)
g, ITSD, PA Hy-Lift #1	MID060174125 <sup>ok</sup>
g, PA Harvey Street	MID043682327 <sup>ok</sup>
g, ITSD, PA Dowagiac	MID078920121 <sup>ok</sup>
g, PA St. Johns	MID005515614 <sup>ok</sup>

SUB.

SEP 08 1981



Director - Region V EPA  
August 31, 1981  
Page 2

If any additional information is required or if there is a formal process that we should use, please contact me and we will provide whatever assistance is needed.

Sincerely,

SEALED POWER CORPORATION

*Daniel T. Girvan*

Daniel T. Girvan  
Environmental Engineer

mtm



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

NOV 15 1984

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

Daniel T. Girvan-P.E., Environmental  
Energy Manager  
Sealed Power Company  
100 Terrace Plaza  
Muskegon, Michigan 49443

USEPA ID No. MID980499735  
RE: Changes made on Part A  
Application

Dear Mr. Girvan:

This is to confirm the telephone discussion, including the resultant agreements that Lisa Pierard, on behalf of the United States Environmental Protection Agency, has established with you on October 24, 1984. These agreements concern changes and/or corrections necessary to update the Part A Hazardous Waste Permit Application for the facility identified above.

A copy of your corrected Part A application is enclosed for your records. The items corrected on the basis of the above referenced agreements are circled in red ink. This information will be included in your official application file. If the revised form is not accurate, please make the necessary changes and return it within 30 days to the address below:

RCRA ACTIVITIES  
Region V  
P. O. Box A 3587  
Chicago, Illinois 60690-3587

Please contact me at (312) 886-7449 or Lisa Pierard at (312) 886-6173, if you have any questions concerning this transaction.

Sincerely yours,

Arthur S. Kawatachi  
Regional Project Officer

Enclosure



STATE OF MICHIGAN



JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

STEVENS T. MASON BUILDING  
BOX 30028

LANSING, MI 48909

GORDON E. GUYER, Director

NATURAL RESOURCES COMMISSION

THOMAS J. ANDERSON  
MARLENE J. FLUHARTY  
KERRY KAMMER  
O. STEWART MYERS  
DAVID D. OLSON  
RAYMOND POUPORE

May 6, 1988

CERTIFIED MAIL

Mr. Daniel Girvan  
Sealed Power Corporation  
100 Terrace Plaza  
Muskegon, Michigan 49443

Dear Mr. Girvan:

SUBJECT: Sealed Power Corporation  
Act 64 Operating License Application  
MID 980 499 735

In 1984, the Federal Resource Conservation and Recovery Act (RCRA) was amended by the Hazardous and Solid Waste Amendments (HSWA) to require a final decision on all permit applications for hazardous waste storage facilities by November 8, 1992. In order to meet the HSWA permit issuance deadline, the Michigan Department of Natural Resources is hereby formally calling in the Act 64 (1979 PA 64, as amended) operating license application for your hazardous waste treatment facility located at 2001 Sanford Street, Muskegon, Michigan. This call-in is being made pursuant to MAC R 299.9502. As specified in R 299.9502(3)(b), an owner or operator of a storage facility must submit a complete operating license application within 120 days of being requested to do so. As an agent for the U.S. Environmental Protection Agency, the Department is also calling in the HSWA portion of your permit application pursuant to Section 3004(u) of RCRA. The operating license will have a federally issued portion and a state issued portion. This dual permitting results because Michigan has not yet received final authorization for all portions of HSWA.

If you do not intend to continue to operate the facility, you may submit a closure plan in lieu of the requested operating license application. The closure plan must meet the requirements of 40 CFR 264 Subpart G, in accordance with and as adopted by reference in R 299.9601(3) and (8). If you desire to pursue this option, you must submit a complete closure plan no later than September 8, 1988.

The following comments will assist you in satisfying this request:

1. If you intend to submit an operating license application, an application form and a detailed instruction package are enclosed for your use. Instructions for preparing a closure plan may be obtained by calling the Hazardous Waste Permits Unit at 517-373-2730.



Mr. Girvan  
Page 2  
May 6, 1988

Portions of the application will be extracted and made enforceable provisions of your license. As such, they must be submitted as complete, free standing documents to allow easy attachment to the license. Each item should be precisely written with specific schedules and commitments. Generalities and discretionary language should be avoided whenever possible. The following items are the primary attachments to the Act 64 license:

- a. Waste analysis plan;
  - b. Inspection schedule;
  - c. Personnel training program;
  - d. Contingency plan;
  - e. Closure and post-closure plan (including cost estimates);
  - f. Facility plans and specifications;
  - g. Procedures for all environmental monitoring carried out at the facility.
2. If applicable, the operating license application must include a corrective action program to achieve compliance with Section 3004(u) of RCRA. The RCRA portion of a hazardous waste permit (that portion addressing HSWA requirements) cannot be issued until the requirements of Section 3004(u) are met. Section 3004(u) requires "corrective action for all releases of hazardous waste or constituents from any solid waste management unit at a treatment, storage or disposal facility seeking a permit under this subtitle." The provisions of HSWA require that decisions on permit applications be made on a rigid time schedule.

Please submit ten copies of your Act 64 operating license application by September 8, 1988. If you desire to close the facility in lieu of obtaining a permit, please submit a complete closure plan by the date specified previously. The Department recommends that you contact the Hazardous Waste Permits Unit as soon as possible to discuss the requirements outlined in this letter. Failure to submit the requested information within the time period indicated may result in the denial of your applications under Act 64 and RCRA.

Information obtained by the Department through an operating license application is routinely treated as a public record, as provided in the Freedom of Information Act, 1976 PA 442. A record, permit application, or other information, or a portion of a record, permit application, or other information furnished to or obtained by the Department or its agents under Act 64, may be designated confidential, for use only by the Department. If this option is pursued, however, detailed justification for the confidentiality request must be submitted with the Act 64 application. Please submit all confidential material in a sealed envelope marked "confidential material enclosed" and indicate same in your transmittal letter.

Mr. Girvan  
Page 3  
May 6, 1988

If you have questions, please contact the Hazardous Waste Permits Unit,  
Waste Management Division, at 517-373-2730.

Sincerely,



Gordon E. Guyer  
Director  
517-373-2329

ACTING

cc: Ms. Marilyn Sabadaszka, U.S. EPA  
Mr. Richard Traub, U.S. EPA  
Mr. Alan Howard, DNR  
Mr. John Bohunsky, DNR/District DNR  
Mr. Ken Burda, DNR/Operating License File



**FORM 1**  
**GENERAL**

**EPA**

**U.S. ENVIRONMENTAL PROTECTION AGENCY**  
**GENERAL INFORMATION**  
Consolidated Permits Program  
(Read the "General Instructions" before starting.)

**I. EPA I.D. NUMBER**  
MID980499735  
MID006024129

**III. FACILITY NAME**  
SEALED POWER CORPORATION

**V. FACILITY MAILING ADDRESS**  
100 TERRACE PLAZA  
MUSKEGON, MI 49443

**VI. FACILITY LOCATION**

**RECEIVED**  
**JUN 06 1984**  
**W.M. - RALD**  
**EPA, REGION V**  
PRINTED IN U.S.A.

**I. EPA I.D. NUMBER**  
MID006024129

**GENERAL INSTRUCTIONS**  
If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**  
**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**  
1 SKIP SEALED POWER CORPORATION

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	DAN GIRVAN ENVIRONMENTAL ENGR	616	724 5235

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	100 TERRACE PLAZA	4	MUSKEGON	MI	49443

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	2001 SANFORD ST	MUSKEGON	MUSKEGON	MI	49443			



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND													
C	7	3	3	2	1	(specify)	GREY IRON FOUNDRY					C	7	3	7	1	4	(specify)	MACHINING				
15	16	17	18	19						15	16	17	18	19									
C. THIRD										D. FOURTH													
C	7				(specify)						C	7				(specify)							
15	16	17	18	19						15	16	17	18	19									

## VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?				
C	8	SEALED POWER CORPORATION																												<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO			
15	16																													86				
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																				D. PHONE (area code & no.)														
F - FEDERAL S - STATE P - PRIVATE										M - PUBLIC (other than federal or state) O - OTHER (specify)										CORPORATION														
E. STREET OR P.O. BOX																				616 724 5235														
100 TERRACE PLAZA																																		
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND				
MUSKEGON																				MI					49443					Is the facility located on Indian lands?				
																														<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)													
C	9	N	M	I	0	0	0	4	0	5	7	C	9	P									
15	16	17	18	19	20	21	22	23	24	25	26	15	16	17	18	19	20	21	22	23	24	25	
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)													
C	9	U								C	9												
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24	25	26		
C. RCRA (Hazardous Wastes)										E. OTHER (specify)													
C	9	R								C	9												
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24	25	26		

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

This facility consists of a grey iron foundry and machining operations producing piston rings and other small parts for the automotive industry.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
N. F. Kruse Group Vice President, Power Products Group																				11/18/80									

## COMMENTS FOR OFFICIAL USE ONLY

C																														
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45



FORM 3 RCRA EPA U.S. ENVIRONMENTAL PROTECTION AGENCY  
**HAZARDOUS WASTE PERMIT APPLICATION**  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)

1. EPA I.D. NUMBER													
S	1	2	3	4	5	6	7	8	9	10	11	12	T/A C
F	M	I	D	0	0	6	0	2	4	1	2	9	1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
23	24 25 26 27 28 29

COMMENTS

MID 980 499 735

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item 1 above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item 1 above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
<b>Disposal:</b>		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

**Treatment:**

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS.....	G	LITERS PER DAY.....	V	ACRE-FEET.....	A
LITERS.....	L	TONS PER HOUR.....	D	HECTARE-METER.....	F
CUBIC YARDS.....	Y	METRIC TONS PER HOUR.....	W	ACRES.....	B
CUBIC METERS.....	C	GALLONS PER HOUR.....	E	HECTARES.....	Q
GALLONS PER DAY.....	U	LITERS PER HOUR.....	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	C												T/A C	1			
1	2	DUP										13	14	15			
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)		2. UNIT OF MEAS- URE (enter code)							1. AMOUNT		2. UNIT OF MEAS- URE (enter code)				
X-1	S 0 2	600		G					5								
X-2	T 0 3	20		E					6								
1	<del>T 0 1</del>	<del>60</del>		<del>U</del>					7								
2	S 0 2	6000		G					8								
3									9								
4									10								



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE                      CODE  
POUNDS                      P  
TONS                      T

METRIC UNIT OF MEASURE                      CODE  
KILOGRAMS                      K  
METRIC TONS                      M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY																								
W M T D 0 0 6 0 2 4 1 2 9 1															W DUP 2 DUP																								
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																																							
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)					B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																															
								1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))																							
1	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	
1	F	0	0	1		200,000		P							T	0	1	S	0	2																			
2																																							
3																																							
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26																																							



## IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

MID 980 499 735

EPA I.D. NO. (enter from page 1)

5	M	I	0	0	6	0	2	4	1	2	9	T/A	C	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

4	3	1	2	5	0
65	66	67	68	69	71

8	6	1	5	0	0	0
72	74	75	76	77	79	

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

N. F. Kruse

Group Vice Pres., Power Products Group

11/18/80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

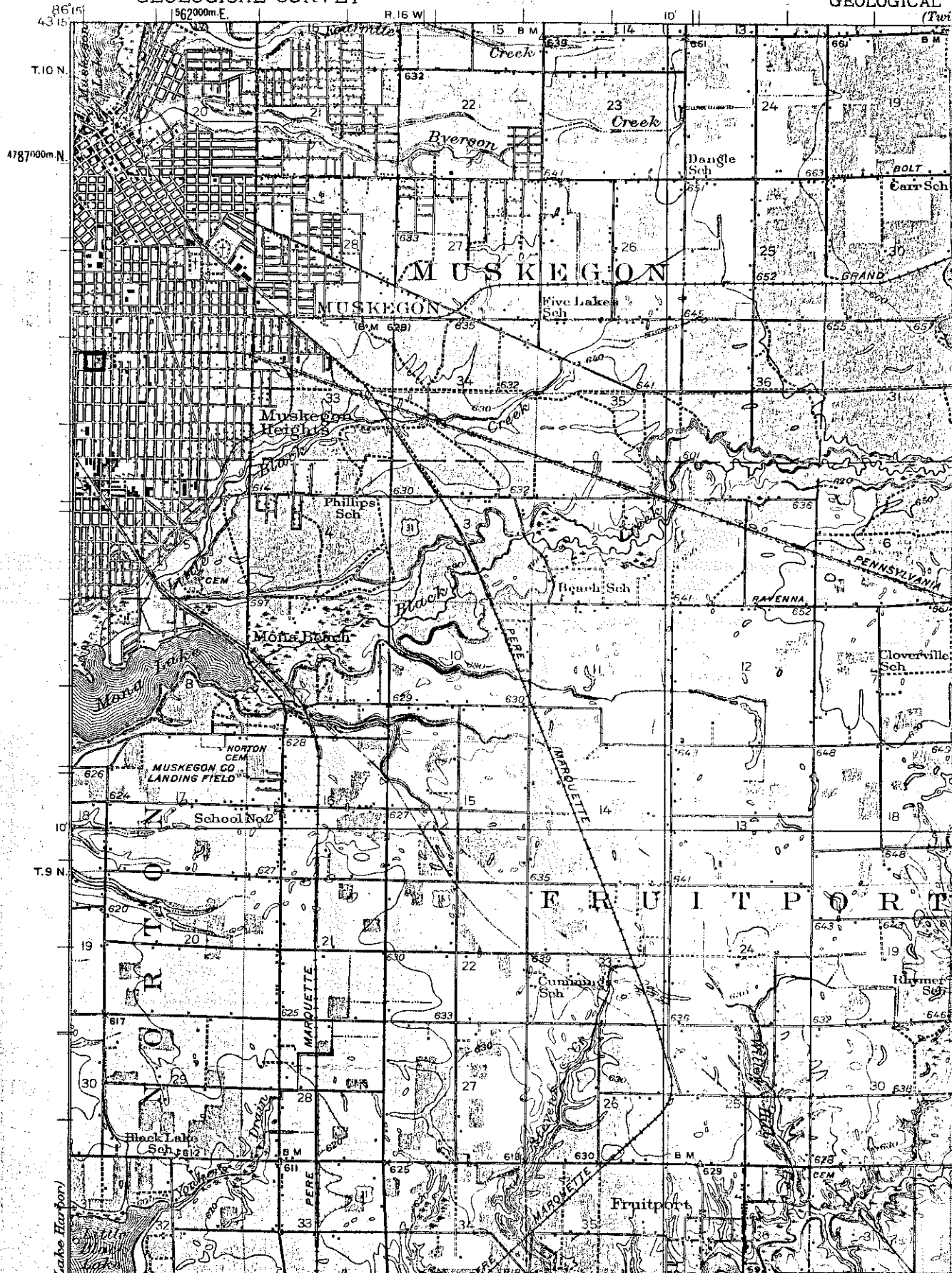
C. DATE SIGNED



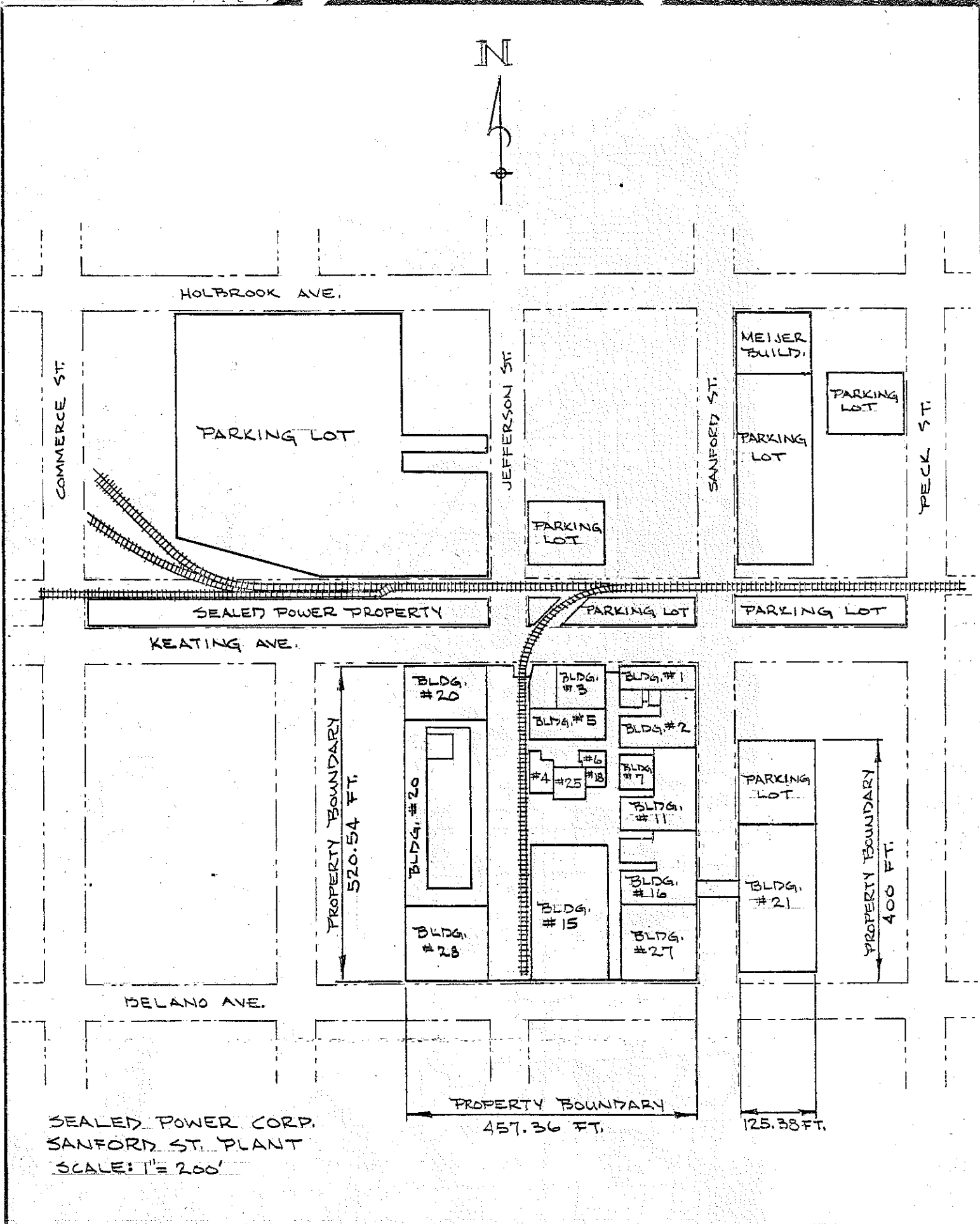
(Montague)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

STATE OF  
DEPARTMENT OF  
GEOLOGICAL



## V. FACILITY DRAWING (see page 4)





<b>FORM 1</b>		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b>		<b>I. EPA I.D. NUMBER</b>	
<b>GENERAL</b>		<b>GENERAL INFORMATION</b>		<b>GENERAL INSTRUCTIONS</b>	
<b>LABEL ITEMS</b>		<b>Consolidated Permits Program</b>		<b>GENERAL INSTRUCTIONS</b>	
<b>III. FACILITY NAME</b>		<b>(Read the "General Instructions" before starting.)</b>		<b>GENERAL INSTRUCTIONS</b>	
<b>V. FACILITY MAILING ADDRESS</b>		<b>MI T270010589</b>		<b>GENERAL INSTRUCTIONS</b>	
<b>VI. FACILITY LOCATION</b>		<b>MID006024129 MID 980499735</b>		<b>GENERAL INSTRUCTIONS</b>	
		<b>SEALED POWER CORPORATION</b>		<b>GENERAL INSTRUCTIONS</b>	
		<b>100 TERRACE PLAZA</b>		<b>GENERAL INSTRUCTIONS</b>	
		<b>MUSKEGON, MI 49443</b>		<b>GENERAL INSTRUCTIONS</b>	
		<b>Mailing address</b>		<b>GENERAL INSTRUCTIONS</b>	
		<b>PRINTED IN U.S.A.</b>		<b>GENERAL INSTRUCTIONS</b>	

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1 SKIP SEALED POWER CORPORATION

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title) B. PHONE (area code & no.)

2 DAN GIRVAN ENVIRONMENTAL ENGR 616 724 5235

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX B. CITY OR TOWN C. STATE D. ZIP CODE

3 100 TERRACE PLAZA 4 MUSKEGON MI 49443

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER B. COUNTY NAME C. CITY OR TOWN D. STATE E. ZIP CODE F. COUNTY CODE (if known)

5 2001 SANFORD ST 46 MUSKEGON 70 MUSKEGON MI 49443 51 52 54



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	3	3	C	7	3	7
15	16	17	18	15	16	17	18
(specify) GREY IRON FOUNDRY				(specify) MACHINING			
C. THIRD				D. FOURTH			
C	7			C	7		
15	16	17	18	15	16	17	18
(specify)				(specify)			

## VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?								
C	8	S	E	A	L	E	D	P	O	W	E	R	C	O	R	P	O	R	A	T	I	O	N
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																	D. PHONE (area code & no.)						
F = FEDERAL      M = PUBLIC (other than federal or state) S = STATE        O = OTHER (specify) P = PRIVATE																	CORPORATION 66						
E. STREET OR P.O. BOX																							
100 TERRACE PLAZA																							
F. CITY OR TOWN																	G. STATE		H. ZIP CODE		IX. INDIAN LAND		
MUSKEGON																	MI		49443		Is the facility located on Indian lands?		
																					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52		

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)												
C	9	N	M	I	0	0	0	4	0	5	7	C	9	P								
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)												
C	9	U								C	9											
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
(specify)										(specify)												
C. RCRA (Hazardous Wastes)										E. OTHER (specify)												
C	9	R								C	9											
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
(specify)										(specify)												

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

This facility consists of a grey iron foundry and machining operations producing piston rings and other small parts for the automotive industry.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

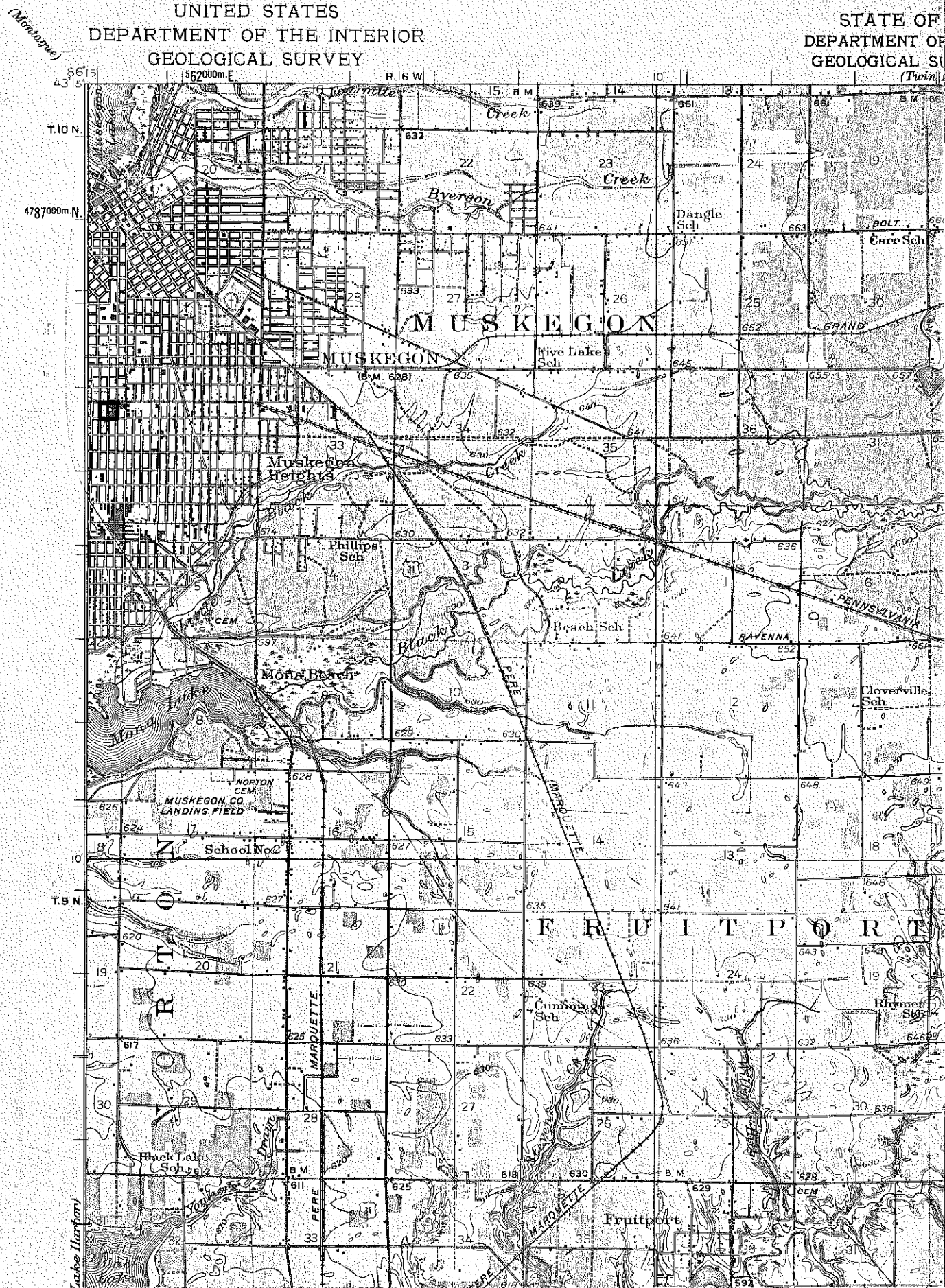
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
N. F. Kruse Group Vice President, Power Products Group	<i>N F Kruse</i>	11/18/80

## COMMENTS FOR OFFICIAL USE ONLY

C																							
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38

0891, 091, 004







FORM <b>3</b> RCRA	 <b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER <b>MI D006024129</b>
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FOR OFFICIAL USE ONLY		COMMENTS <b>MIT 270010580</b>
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	
<div><div>23</div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)	
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)	<div><div>71</div><div></div><div></div></div>	<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)	<div><div>71</div><div></div><div></div></div>
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
<div><div>8</div><div></div><div></div></div>	<div><div>12</div><div>01</div><div>01</div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

B. REVISED APPLICATION (place an "X" below and complete Item I above)

<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS	<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT
---	--

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT		
	S04	GALLONS OR LITERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
<b>Disposal:</b>				T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
		UNIT OF MEASURE CODE			UNIT OF MEASURE CODE
GALLONS		G	ACRE-FEET		A
LITERS		L	HECTARE-METER		F
CUBIC YARDS		Y	ACRES		B
CUBIC METERS		C	HECTARES		Q
GALLONS PER DAY		U			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A		C				
C		DUP		1				
1		2		13 14 15				
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		
		1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)	FOR OFFICIAL USE ONLY		1. AMOUNT	2. UNIT OF MEAS- URE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5			
X-2	T 0 3	20	E		6			
1	T 0 1	60	U		7			
2					8			
3					9			
4					10			



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE                      CODE  
POUNDS..... P  
TONS..... T

METRIC UNIT OF MEASURE                      CODE  
KILOGRAMS..... K  
METRIC TONS..... M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY																							
M I D 0 0 6 0 2 4 1 2 9															DUP																							
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																																						
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	D. PROCESSES																												
										1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))																				
	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
1	F	0	0	1										P	T	0	1																					
2																																						
3																																						
4																																						
5																																						
6																																						
7																																						
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25																																						
26																																						



## IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	M	I	0	0	6	0	2	4	1	2	9	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

4	3	1	2	5	0
65	66	67	68	69	71

LONGITUDE (degrees, minutes, &amp; seconds)

8	6	1	5	0	0	0
72	74	75	76	77	78	79

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

N. F. Kruse

Group Vice Pres., Power Products Group



11/18/80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

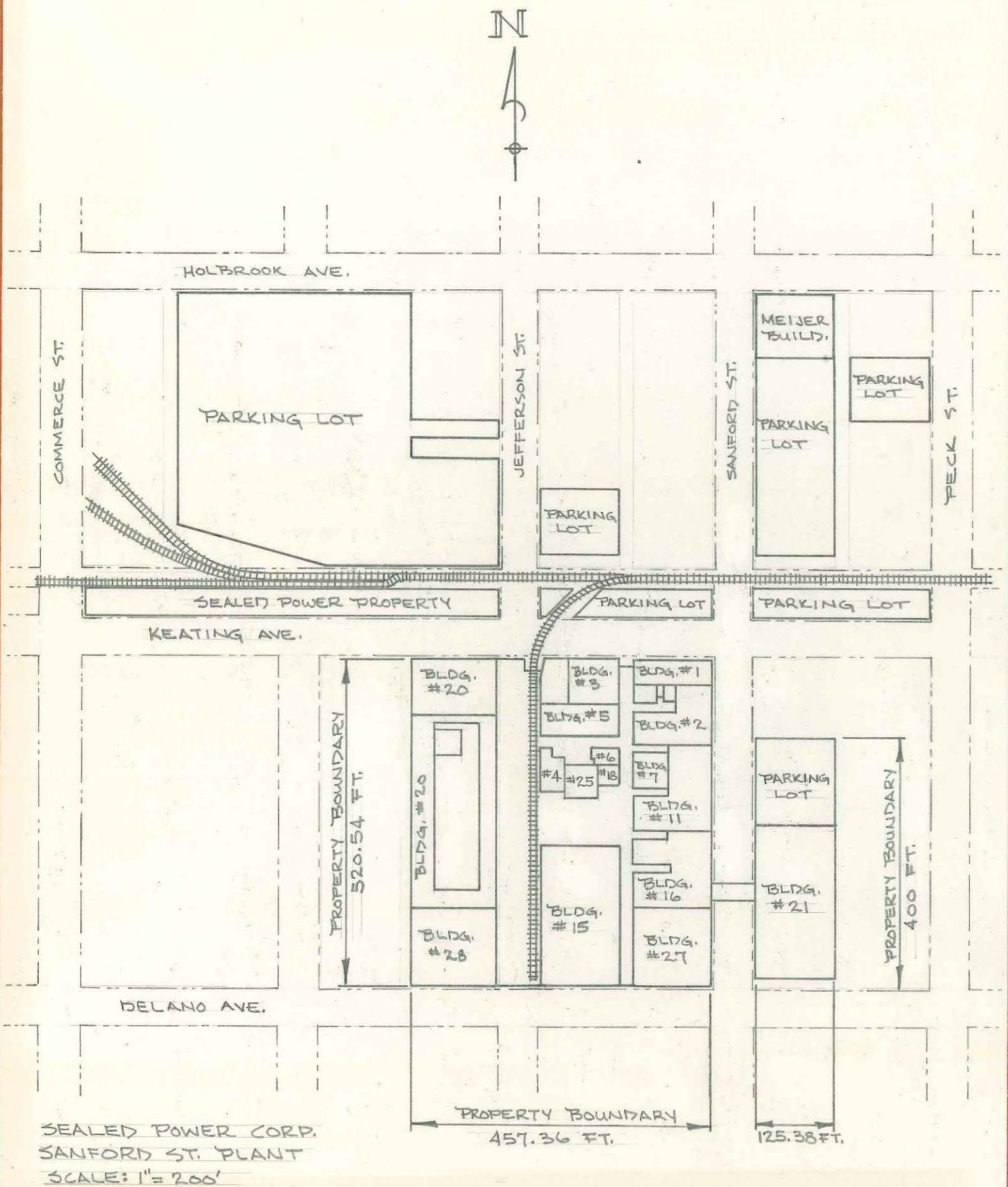
A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



## V. FACILITY DRAWING (see page 4)









# ENVIRONMENTAL PROTECTION AGENCY

## GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.  
Read All Instructions Carefully Before Making Any Entries on Form

### I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
- 2 Small Quantity Generator
- 4 Exempt
- 5 Beneficial Use
- 9 Closed

Please print/type with elite type (12 characters per inch)

### II. GENERATOR'S EPA I.D. NUMBER

F M I D 9 8 0 4 9 9 7 3 5 1 1  
1 2 13 14 15

674

This Installation's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only
- ☐ Permanently
- ☐ Other \_\_\_\_\_

C303 ENTRY (OFFICIAL USE ONLY): ☐

### III. NAME OF INSTALLATION

S E A L E D P O W E R C O R P - S A N F O R D S T I P L A N T I  
30 69

### IV. INSTALLATION MAILING ADDRESS

3 1 0 0 T E R R A C E P L A Z A  
15 16 45

Street or P.O. Box

4 M U S K E G O N M I 4 9 4 4 3  
15 16 41 42 47 51

City or Town

State Zip Code

### V. LOCATION OF INSTALLATION (if different than section IV above)

5 2 0 0 1 S A N F O R D S T R E E T  
15 16 45

Street or Route number

6 M U S K E G O N M I 4 9 4 4 4  
15 16 41 42 47 51

City or Town

State Zip Code

### VI. INSTALLATION CONTACT

2 G I R V A N D A N I E L  
15 16 45

Name (last and first)

6 1 6 - 7 2 4 - 5 2 3 5  
46 55

Phone No. (area code & no.)

### VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Daniel T. Girvan, Environmental and  
Energy Manager

Print/Type Name

Title

Dan Girvan Feb 23 84.  
Signature of Authorized Representative

Date Signed



## ENVIRONMENTAL PROTECTION AGENCY

## Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd:

Rec'd by:

## VIII. GENERATOR'S EPA I.D. NO.

G	M	I	D	9	8	0	4	9	9	7	3	5	1
1	2										13	14	15

T/A C

## X. FACILITY'S EPA I.D. NO.

F	M	I	D	0	7	2	5	8	5	7	5	5
16											28	

## IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Tricil Environmental Services

## XI. FACILITY ADDRESS

3030 Wood Street  
Muskegon Heights, MI 49444

## XII. TRANSPORTATION SERVICES USED

Bush Concrete Products - MID006406060

## XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	Acid, liquid, N.O.S.	0 2	0 0 0 2	8 4 3 2 3	P
30	2					
31	3					
32	4					
33	5					
34	6					
35	7					
36	8					
37	9					
38	10					
39	11					
40	12					

## XIV. COMMENTS (enter information by section number—see instructions)

## Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd:

Rec'd by:

VIII. GENERATOR'S EPA I.D. NO.

T/A C

[illegible]

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Wayne Disposal, Inc.

X. FACILITY'S EPA I.D. NO.

M I D 0 4 8 0 9 0 6 3 3  
16 28

## XI. FACILITY ADDRESS

P. O. Box 5187  
Dearborn, MI 48128

## XII. TRANSPORTATION SERVICES USED

Environmental Control Services, Inc. - MIT270011190

### XIII. WASTE IDENTIFICATION

XIII. WASTE IDENTIFICATION													
Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)								D. Amount of Waste	E. Unit of Measure
	1	Trichloroethylene	12	35	38	39	42				6187	P	
29	32		33	34	43	46	47	50	51		59	60	
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												
	11												
	12												

XIV. COMMENTS (enter information by section number—see instructions)



## ENVIRONMENTAL PROTECTION AGENCY

## Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd:

Rec'd by:

## VIII. GENERATOR'S EPA I.D. NO.

G	M	I	D	9	8	0	4	9	9	7	3	5			
1	2											13	14	15	

T/A C

## IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Solvent Resource Recovery Corporation

## XI. FACILITY ADDRESS

P. O. Box 453  
West Carrollton, OH 45449

## X. FACILITY'S EPA I.D. NO.

E	0	H	D	0	9	3	9	4	5	2	9	3			
16												28			

## XII. TRANSPORTATION SERVICES USED

Solvent Resource Recovery Corporation - OHD017609900

## XIII. WASTE IDENTIFICATION

Sequence #	# Line	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	Trichloroethylene	1, 2 33 34	F 0 0 1 35 38 39 42 43 46 47 50 51	2, 5 0 0 0 59 60	P
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

## XIV. COMMENTS (enter information by section number—see instructions)